field, Mass., for relief of her deformity, or some apparatus to ameliorate her condition. One leg was only half the length of its fellow, with a very bad club foot; her thigh of the natural length, and the knee-joint good except a slight deformity caused by the fibula being forced up out of its natural position. She was advised by the physician connected with the establishment, to have her limb amputated below the knee, and thereby relieve herself of such an irremediable deformity, as well as the crutch, and the mental suffering arising from such a condition. A council of surgeons sustained the previous advice, and relieved her mind of the common yet totally unfounded idea that such an operation would surely prove fatal. She returned to her friends, prepared herself for the operation, and went to Springfield and placed herself in the skilful hands of Dr. J. M. Smith, who removed the limb a little below the knee, and healed the stump by first intention. In four weeks from the day of amputation, the young woman had a beautiful and natural appearing and acting artificial leg adjusted, with which she daily walked about town until five weeks had elapsed from the day she left home, when she returned alone, some sixty miles, in the cars, with her cup of joy full.

Other similar cases have occurred. One, a young lady from Buffalo, with a deformity, who submitted to amputation, and is now operating with satisfaction with one of these limbs, and illustrating the great blessing this invention confers upon humanity. Another case will illustrate this fact. It is one which has been deemed irremediably hopeless *hitherto*. It occurred in the person of J. M. Sanford, a young man who lost both limbs (one at the thigh) by the tornado which passed through West Medway nearly a year ago. His case was so bad a one, that his friends and medical advisers considered the idea of adjusting a pair of artificial legs to him, which could be of any practical worth, as utopian, and every expenditure made for any such undertaking a foolish one. Encouraged by Messrs. Palmer & Co., he was carried to Springfield, and placed on the floor before them in a helpless condition. In a month's time he returned to his friends, with two as good appearing and acting limbs (apparently) as he ever had—first walking actively with two canes quite a distance, and up and down flights of stairs, then with only one cane, and anon without any, to the inexpressible surprise and joy of his friends, medical attendants and the community. He now walks daily, and is actively engaged in various useful avocations, and no one unacquainted with the fact would suspect that he is in the use of any other than natural limbs.

July 17th, 1852.

ANOMALOUS FOREIGN BODY IN KNEE-JOINT—SUCCESSFUL REMOVAL BY INCISION.

[Communicated for the Boston Medical and Surgical Journal.]

IN June, 1851, I was consulted by Mr. R. M., æt. 22, a laborer upon a farm, and otherwise healthy, in regard to a difficulty of the right knee—The patient stated that, for some months previous, something had appear.

ed at times to "catch," as he termed it, in the joint while using the limb, causing excruciating pain, followed by inflammation and swelling of the joint. The peculiar "catch" had only existed for a few months, but the patient says, "the knee has been a little weak and swollen at times, ever since it received a severe wrench during a scuffle, some four or five years since." Recently he had perceived a loose body, "at times something like a bean," upon each side of the patella and in other parts of the joint, which was freely movable and would easily slip into the joint. Sometimes it was readily detected, but at others it was not. The knee was considerably enlarged, as in chronic thickening of the synovial membrane, and tender to the touch in places.

Diagnosis.—After the above history, and manipulating the joint, so as to bring the foreign body outside of it, I did not hesitate to pronounce it a case of *loose cartilage* within the joint.

The probable cause, nature, course, usual treatment, &c., of such cases, were fully explained to the patient, and he was dismissed with the advice to consult older and more experienced counsel, but not to think of an operation unless it should become more troublesome, and then not until a trial had been made to fix or confine it *outside*, or to prevent its *escape* from within the joint.

At my request he called occasionally to report his condition. After my examination, he acquired such dexterity as to bring the substance outside the joint almost at pleasure. After September, 1851, he was not able to attend regularly to his occupation; and as the joint was evidently becoming more thickened and stiffened from the continual irritation to which it was subjected, efforts were made to "fix" the cartilage (?) as I still supposed it, by pushing it as far away from the joint as possible in one of the synovial pouches by the side of the patella; but it was found, upon repeated trials, that it could not be confined *in situ* by any amount of pressure which could be borne, so as to allow any motion of the joint. Efforts were also made to confine it *within* the joint, but with only partial success; while the *cause* of irritation was sure to be at work.

There now appeared but one other alternative, viz., the chance of an operation, and which, owing to the state of the joint, it must be confessed was not very promising. The almost *certain* result of the case as it was, together with the *probable* and *possible* consequences of an operation for the removal of the offending body, were again fully and fairly stated to the patient and friends. Dr. Almiron Fitch, of Delhi, a surgeon of ability and large experience, was also consulted, and coincided fully in the opinion given.

Operation.—In March, 1852, I was requested to remove the foreign body by operation. Having enjoined rest, low diet and occasional purgatives during the preceding week, on the 10th inst. I proceeded to remove it—Dr. A. Fitch kindly consenting to be present, and from whom I received material assistance. Some difficulty and delay were experienced in fixing it external to the joint and in the position desired, viz., upon the inner condyle, without too much motion of the joint. The integuments were then tensely drawn forward and downward (nearly

one inch), while the cartilage (?) was firmly fixed by the fingers of an assistant. A longitudinal incision, three fourths of an inch in length, was then carried directly through the integuments; but as it could not readily be removed, a second incision was made so as slightly to enlarge the first, when it was removed with a tenaculum, but with some difficulty, owing to the thickness of the integuments and the unexpected *hardness* of the supposed cartilage. In form it much resembled an almond, was eight lines in length, six broad and four in thickness. It was completely enveloped in healthy-looking cartilage, and would sink in water. Its substance was osseous or calculous; but unfortunately (and contrary to agreement) it passed out of my possession before I had an opportunity of subjecting it to any chemical or microscopic test.

As the hemorrhage was slight and soon ceased, adhesive straps were applied, a compress *over the valvular* incision, a figure of 8 bandage over this, and a long splint to the outside of the limb, confined by roller, except over the knee, so as nearly to prevent all motion. Water was applied several times a-day, and was the only application. The diet was light for a few days, and occasional small doses of comp. cath. pill and pulv. jalap comp., were given to procure the regular evacuation of the bowels. There was only a slight exudation of serum, and none of synovia. Union was partly by first intention, and partly by what is called by Macartney the *modelling* process, i. e., without suppuration. The case was closely watched, but there was no inflammation at any time.

After a few days the patient sat up part of the time, but the splint and plasters were not dispensed with until the thirteenth day; after which a compress and fig. 8 bandage were continued, and directions given to use and flex the limb but slightly. From that time he began and continued to go about, and by the 15th of April there was only a slight weakness and some stiffness upon flexing the limb to an acute angle. In six weeks after the operation, Mr. M. was able to follow his occupation and to join, as he was wont to do, in "the giddy mazes of the dance."

Remarks.—The operation by subcutaneous incision, as proposed by Professor Syme and M. Goyrand, was hardly practicable in this case, owing to the thickened state of the integuments, though it would in most cases greatly lessen the danger of subsequent inflammation. Wounds penetrating the cavity of joints, especially the larger, have ever been the dread of surgeons, and the usual result an opprobrium to the healing art. This case is a striking illustration of the importance of *perfect rest*, and a simple, but not *too* antiphlogistic treatment, in wounds and injuries of the larger joints—though in regard to the latter the previous habits should be our guide. Here, there was evidently a *want* of action, though the diet was only light for a few days; but had it been more generous, I am satisfied complete union by first intention would have taken place—a result most desirable in wounds of joints.

The history of this case will doubtless satisfy some minds that a *fragment* of bone was nearly or quite detached at the time of the injury mentioned; but to my mind it is not so conclusive. A section of one end revealed a hard friable substance, more resembling calculus. But was a calculus ever covered with healthy-looking cartilage? If so, it is

a most remarkable provision of nature to prevent injury to the joint. May not a peculiar abnormal state of the synovial membrane, from any cause, give rise to adventitious growths or deposits in the synovia as well as in other fluids of the body? Calculous deposits and loose cartilages are not very unusual, but I do not recollect any account of a foreign body in the cavity of a joint similar to the present.

The patient consulted different surgeons, to whom he stated the symptoms and diagnosis; and it is a curious fact that none of them at the time detected the foreign body (though some were satisfied of its existence). At one time, believing it a case of chronic synovitis, counter-irritants and ung. iodini comp. were freely applied, with the view of producing absorption!

J. WASHINGTON SMITH, M.D.

Franklin (Croton P. O.), Del. Co., N. Y., July 9, 1852.

STRICTURE OF THE URETHRA.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—The following, which to me has been a case of more than usual interest, involving as it does some matters of practical importance to the profession, is herewith placed at your disposal.

Was called August 29th, 1851, to visit G. S., aged 8 years, small for his age, and very much emaciated from disease. Temperament nervo-bilious. I was informed he was first attacked, five years ago, with severe pain in end of penis and difficulty of voiding urine. Pain very acute, especially immediately after urinating. His general health was then good. Obtained relief by use of *anodyne fomentations*, &c. Has, at intervals varying from one or two hours to as many weeks, had a recurrence of the same symptoms, generally increasing in duration and severity till a description of his agony defies the powers of language. Has for a year or two had incontinence of urine, which at this time amounted to a constant dribbling, rendering him an object of disgust from the strong urinous smell. Has been under treatment most of the time for the last five years by every species of *doctor*, from the respectable regular to the despicable *quack*; and still, regardless of the formidable array, the dire disease has raged on. Its christenings have been almost as various as its doctors: some calling it *irritation*; some, *inflammation*; others, *stone*; and still others, *gravel*, &c. The wondering wiseacre quack has in this case given to eager friends the most incontrovertible evidence of the power of his nostrums, based upon the testimony of little George; who stoutly asserts that some hard substance often descends along the urethra nearly to the glans, and that at one time he really had it in his grasp, that “it felt hard and got back,” despite his efforts, added to the fearfully propelling powers of the “doctor’s stuff.” The urine has generally been “high colored,” and sometimes deposits a pinkish sediment; at times, too, it has been observed to contain mucus; at other times it is clear and white.

Present State.—Skin shrivelled; countenance expressive of great pain and uneasiness; tongue covered with a thin white coat; pulse 110,